



**UNIVERSAL Hi-Tech Development, Inc.**

1383 Piccard Drive, Rockville, MD 20850



## **PROFESSIONAL/TECHNICAL TRAINING APPROVAL**

### **Instructions for Completion of Application**

1. EMPLOYEE
  - a) Complete the form and submit to your supervisor ten (10) working days before the start of course, seminar, or training.
  - b) Attach a copy of itemized cost for course, seminar, or training. (The cost of books is not reimbursable.)
2. EMPLOYEE'S DEPARTMENT SUPERVISOR
  - a) Review with employee in accordance with the Tuition and Training Assistance Policy, No. 3.3.
  - b) Submit all Departmentally approved applications to the UHD Human Resources Department.
3. HUMAN RESOURCES DEPARTMENT
  - a) Review, record, and process for approval action.
  - b) Retain original applications form.
  - c) Send copy to Employee's Supervisor to review and forward to employee.



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## PROFESSIONAL/TECHNICAL TRAINING APPROVAL

**General Instructions:** Use this form to get preliminary approval for course, seminar or training expenses. This form is used with UHD Policy 3.3, Tuition and Training Assistance; review this policy for more information. Complete this form as directed in each section and get approval from your immediate supervisor and the UHD Human Resources Department before your course, seminar, or training begins.

### Employee Information

Employee's Full Name:	Social Security Number:
Employee's Position/Title:	UHD Employee Number:
Employee's Division/ Department/Contract:	Employee's Phone:

### Request for Preliminary Approval

Course/Seminar Training Name:	Location:	
Street Address:		
City:	State	Zip Code

### Rationale

Please write a short rationale on how the course, seminar, or training meets the requirements of UHD Policy 3.3, Tuition and Training Assistance. Attach course, seminar, or training curriculum descriptions to this form.

☐ I am seeking preliminary approval for a course, seminar, or training in: \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### Specific Course Information

Course Title	Course Number	Start/End Dates	Start/End Times	Amount	
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		-----	-----		
		-----	-----		
		-----	-----		
Grand Total Presented for Approval					

### Employee Repayment Agreement

I understand that payment by UHD for the course, seminar, or training (w/ all expenses included) identified above is contingent upon my being an active full-time employee of UHD at the conclusion of the course, seminar or training session as well as the successful completion of the course, seminar, or training.

Also, I agree that if I voluntarily resign or am terminated with cause from UHD within twelve months after course completion, I owe UHD 100% of all applicable costs incurred with the UHD Policy 3.3, Tuition and Training Assistance.

Employee Signature:	Today's Date:
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### Management and Human Resources Approval

Signatures in the blocks below indicate that this request for preliminary approval for professional/technical training has been given.

Immediate Supervisor Signature:	Today's Date:
Human Resources Signature:	Today's Date: